



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: SOUTH BEND CLINIC & SURGICENTER

Street Address: 211 N. Eddy St

City: South Bend

County: St. Joseph

Administrator Name: Kelly Macken-Marble

Administrator Email: kmarble@southbendclinic.com

ASC Web Address: www.southbendclinic.com

Fiscal Year: 2019

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	5
Number of procedure rooms	3

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	7082	9185
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	1158	
45378	860	
45385	721	
43239	655	
69436	416	
64483	397	
66984	281	

43235	269
45381	239
62323	194

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
--	---